

STATE OF UTAH
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
Certification Application for Disaster Behavioral Health Crisis Counselor

Under the provisions of the Utah Department of Human Services, I hereby make application to the Utah State Division of Substance Abuse and Mental Health, for certification as a Disaster Behavioral Health Crisis Counselor.

CONTACT INFORMATION

Last Name:		Name:		Initial:	
Agency or Facility where employed:			Title/Position		
Business Address		Business City		Zip	County
Business Phone	Business Fax	Cell Phone	Pager	Home Phone	

EDUCATION AND LICENSES

Highest level of education achieved:		Highest degree attained and field of study:		Number years of experience:	
Are you licensed in Utah? Y N	Name of License	Expiration Date	License Number	Professional Field/Certification (e.g. QMRP)	
List Languages Spoken:					

TRAINING AND EXPERIENCE

Please indicate the type of population you have worked with: <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric		
Please list any training in the field working with people with disabilities, aging, and mental health population, specific to crisis counseling, with any specialized skill you have received within the past three (3) years , including places, inclusive of dates and types of training provided. - (i.e., Red Cross, CERT, CISD)		
Training	Places	Dates

As part of the certification process it is required to attend a no-cost training conference to be held end of August or beginning of September 2005. (Details will follow)

Signature of Applicant: _____ Date: _____

WHEN COMPLETED, PLEASE MAIL or FAX TO: Utah Department of Human Services, State Division of Substance Abuse and Mental Health, ATTENTION: Claudia Whitney, 120 N. 200 W. #209, Salt Lake City, UT 84103
FAX: (801) 538-9892